



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Board of Registration In Dentistry
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
<http://www.mass.gov/boards>
(800) 414-0168

Please check the appropriate box for change(s)

NAME CHANGE

☐

ADDRESS CHANGE

☐

DUPLICATE LICENSE

☐

All requests should be mailed to the address listed above and directed to the Board of your profession.

Print/type clearly the information as it
is **NOW SHOWN** on your license:

Name: _____

Address: _____

City/Town: _____

State: _____

Board: _____ Lic. Type: _____

Lic. No: _____

U.S. SS # (Mandatory): _____

Birth Date: _____

Expiration Date: _____

Print/type clearly the information as you
wish it to appear on your **NEW** license.

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

For office use only

Fee: _____

Date Received: _____

Initial: _____

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐

2. For address changes only, **DO NOT** return your current license.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

FEE (S)

1. Duplicate license \$17.00

2. Name change with new license \$27.00

* Address change (only) No Fee

Make check or money order payable to the
"Commonwealth of Mass."

DO NOT SEND CASH

Signature

Telephone Number

Date